

February 21, 2013



**Promotion Code :**

Dear

I am writing to notify you of a theft that occurred at our Anaheim Billing Center, which is part of Crescent Healthcare, Inc. - A Walgreens Company, located at 888 South Disneyland Drive in Anaheim, California. This theft occurred the night of Friday, December 28, 2012, when an unknown person (or persons) gained unauthorized access to the Center and stole certain desktop computer hardware and other paper records. Upon discovery of the theft at our facility on December 31, 2012, we contacted law enforcement and filed a police report. We are contacting you because some of your information may have been included among the stolen information, but that hasn't been confirmed. Through our own investigation we have determined that the stolen information may have included the following: name, address, phone number, Social Security number if it is your health insurance identification number, health insurance information, date of birth, and medical information including diagnosis, and disability code. The information did not include credit/debit card number or banking information.

We are very sorry this happened and we are cooperating with law enforcement to further investigate this incident. Additionally, we have taken steps to prevent this from happening again including retraining employees and service providers on security, and enhancing our security policies and procedures. We took these steps because of the high priority we place on safeguarding your privacy.

In addition, the following steps may be useful for the prevention of identity theft:

- 1. Monitor your insurance benefits.** Ask your insurer for a listing of benefits paid out under your policy.
- 2. Regularly check your prescription records.** If you suspect fraudulent activity, get a copy of your records from your pharmacy.
- 3. Correct inaccurate medical records.** If you find errors in your medical files, have them corrected immediately. Federal law lets a patient correct medical records created only by the medical provider or insurer that now maintains your information. You may need to contact all of your medical/health providers. If necessary, we will contact your insurance company on your behalf.
- 4. File a police report.** Filing a police report will notify law enforcement a crime may have been committed. Also send the report to your insurer, medical providers and all credit bureaus.
- 5. Enroll in Equifax Credit Watch™ Gold.** Equifax Credit Watch will provide you with an "early warning system" to changes to your credit file and help you to understand the content of your Equifax credit file.

The key features and benefits are:

- o Comprehensive credit file monitoring of your Equifax credit report with daily notification of key changes to your credit file.
- o Access to your Equifax Credit Report™
- o \$25,000 in identity theft insurance with \$0 deductible †
- o 24 by 7 live agent Customer Service to assist you in understanding the content of your Equifax credit information, to provide personalized identity theft victim assistance and in initiating an investigation of inaccurate information.
- o Access to the Automatic Fraud Alerts feature with automatic renewal functionality \* (available online only)

## How to Enroll

To sign up online for **online delivery** go to [www.myservices.equifax.com/gold](http://www.myservices.equifax.com/gold)

1. Register: Complete the form with your contact information (name, gender, address, date of birth, Social Security Number and telephone number) and click "Continue" button. Complete the form with your email address, create a User Name and Password, enter Promotion Code provided at the top of your letter in the "Promotion Code" box and agree to the Terms of Use. Then click "Accept Terms & Continue" button. This code eliminates the need to provide a credit card number for payment. The information is provided in a secured environment.
2. Verify ID: The system will then ask you up to four security questions. Please answer the questions and click the "Submit Order" button. This is the Equifax Identity Verification Process.
3. Order Confirmation: This page shows you your order. Please click the "View my Product" button to access the product features.

To sign up for **US Mail** delivery of the product, please complete the enclosed enrollment form and mail it to the address listed on the form. Your enrollment form will be processed and, if successful, you will receive a Welcome Packet from Equifax. If the enrollment is not successful, you will receive a letter from Equifax with additional instructions.

**6. Additional Free Resources on Identity Theft.** You may wish to review the tips provided by the Federal Trade Commission on how to avoid identity theft. For more information, please visit <http://www.ftc.gov/idtheft> or call 1-877-ID-THEFT (877-438-4338). **Maryland residents** may wish to review information provided by the Maryland Attorney General on how to avoid identity theft at <http://www.oag.state.md.us/idtheft>, or by sending an email to [idtheft@oag.state.md.us](mailto:idtheft@oag.state.md.us), or calling 410-576-6491. **North Carolina residents** may also wish to review information provided by the North Carolina Attorney General at <http://www.ncdoj.gov>, by calling 877-566-7226, or writing the North Carolina Attorney General at 9001 Mail Service Center, Raleigh, NC 27699.

You may obtain a free copy of your credit report from each of the 3 major credit reporting agencies once every 12 months by visiting <http://www.annualcreditreport.com>, calling toll-free 877-322-8228, or by completing an Annual Credit Report Request Form and mailing it to Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348. You can print a copy of the request form at <http://www.consumer.ftc.gov/articles/pdf-0093-annual-report-request-form.pdf>. Or you can elect to purchase a copy of your credit report by contacting one of the three national credit reporting agencies shown below.

Equifax (800) 685-1111 <a href="http://www.equifax.com">www.equifax.com</a> P. O. Box 740241 Atlanta, GA 30374	Experian (888) 397-3742 <a href="http://www.experian.com">www.experian.com</a> 535 Anton Blvd., Suite 100 Costa Mesa, CA 92626	TransUnion (800) 916-8800 <a href="http://www.transunion.com">www.transunion.com</a> P. O. Box 6790 Fullerton, CA 92834
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† Identity theft insurance underwritten by subsidiaries or affiliates of Chartis Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. This product is not intended for minors (under 18 years of age).

The Automatic Fraud Alert feature made available to consumers by Equifax Information Services LLC and fulfilled on its behalf by Equifax Consumer Services LLC

**7. Consider placing a Fraud Alert.** A fraud alert is a consumer statement added to your credit report. This statement alerts creditors of possible fraudulent activity within your report as well as requests that they contact you prior to establishing any accounts in your name. Once the fraud alert is added to your credit report, all creditors should contact you prior to establishing any account in your name. To place a 90 day fraud alert on your credit file, visit [www.fraudalerts.equifax.com](http://www.fraudalerts.equifax.com) or call the Equifax auto fraud line at 1-877-478-7625, and follow the simple prompts. Once the fraud alert has been placed with Equifax, a notification will be sent to the other two credit reporting agencies, Experian and Trans Union, on your behalf. Fraud alerts last 90 days unless you manually renew it or use the automatic fraud alert feature within your Credit Watch subscription.

**8. Consider placing a Security Freeze.** In some U.S. states, you have the right to put a security freeze on your credit file. This will prevent new credit from being opened in your name without the use of a PIN number that is issued to you when you initiate the freeze. A security freeze is designed to prevent potential creditors from accessing your credit report without your consent. As a result, using a security freeze may interfere with or delay your ability to obtain credit. Additionally, if you request a security freeze from a consumer reporting agency there may be a fee up to \$10 to place, lift, or remove the security freeze; however, this fee may be less in certain states (in MA, up to \$5). In order to place a security freeze, you may be required to provide the consumer reporting agency with information that identifies you including your full name, Social Security number, date of birth, current and previous addresses, a copy of your state-issued identification card, and a recent utility bill, bank statement or insurance statement. You must separately place a security freeze on your credit file with each credit reporting agency.

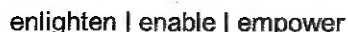
Please know that we are doing everything possible to minimize any inconvenience. If you have any questions regarding this issue, please contact us at 1-800-913-4485. We take your privacy very seriously, and we will continue to work diligently to protect your personal information.

Sincerely,



Paul Mastrapa  
President  
Crescent Healthcare, Inc. - A Walgreens Company

000001-000001



- Complete all of the information below and mail to Equifax  
Personal Solutions

### Fair Credit Reporting Act

I authorize Equifax Consumer Services, Inc. ("Equifax") to obtain my credit report and monitor my credit file at one or more consumer reporting agencies, as necessary for me to receive Equifax Credit Watch™ (the "Service"). I understand that Equifax cannot accept authorization from any person other than the individual joining the service and confirm that I am at least 18 years of age and I am requesting my own personal information. I understand that there will be additional terms and conditions included in the Service materials that I will receive, including without limitation additional provisions regarding cancellation rights, and limitations on Equifax's liability, and I will be bound by those terms and conditions unless I immediately cancel the Service upon receipt of the complete terms and conditions.

**Signature (Required)**

Date \_\_\_\_\_

**E-Mail Address (Optional)**

**Please Mail this form to:**

## Equifax Personal Solutions

**P.O. Box 105496**

**Atlanta, GA 30348**

